

APPLICATION FOR MARRIAGE LICENSE

No. 90-531

File \_\_\_\_\_

FLOYD County

10/2/89  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female  
Medical Examination or Report Dated 11/8/77  
Name of Physician Brockman

MALE APPLICANT	
Name	First <u>Kenneth</u> Middle <u>Edward</u> Last <u>Rodewig Jr.</u>
Date of Birth	Month <u>11</u> Day <u>12</u> Year <u>1965</u>
Place of Birth (State or foreign country)	<u>New Albany, Ind.</u>
Residence Address	Street or R.R. <u>802 Wilder St.</u> City <u>Madison</u> County <u>Madison</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/>
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree
<input type="checkbox"/> Other (Specify) _____	
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. List the full names of any dependent children. _____	
6. (a) Full name of father of dependent children <u>Kenneth Rodewig</u> Residence of father (if deceased, so state) <u>1966 Indiana Ave. N. 9</u> Birthplace of father (State or foreign country) <u>Indiana</u>	
(b) Full maiden name of mother of dependent children <u>Marlene Sue French</u> Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Donna</u> Middle <u>June</u> Last <u>Zink</u>
Date of Birth	Month <u>11</u> Day <u>29</u> Year <u>1941</u>
Place of Birth (State or foreign country)	<u>Corydon, Ind.</u>
Residence Address	Street or R.R. <u>2005 S.W. St.</u> City <u>New Albany</u> County <u>Ind.</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR <input checked="" type="checkbox"/>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/>
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Judicial Decree
<input type="checkbox"/> Other (Specify) _____	
1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. List the full names of any dependent children. _____	
6. (a) Full name of father of dependent children <u>Ferry Ellis Zink</u> Residence of father (if deceased, so state) <u>Rt #1 N. Salisbury</u> Birthplace of father (State or foreign country) <u>unknown</u> <u>Ind.</u>	
(b) Full maiden name of mother of dependent children <u>Betty Crawford</u> Residence of mother (if deceased, so state) <u>Same as Donna</u> Birthplace of mother (State or foreign country) <u>Kentucky</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>Floyd</u> ) ss: _____ Signed <u>[Signature]</u> New Address _____ Subscribed and sworn to before me this <u>2</u> day of <u>October</u> , 19 <u>89</u> <u>William B. Jenks</u> Clerk of the <u>FLOYD</u> Circuit Court	

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Clerk of Court	Date
State of Indiana ) County of <u>Floyd</u> ) ss: _____ Signed <u>Donna Zink</u> New Address _____ Subscribed and sworn to before me this <u>2</u> day of <u>Oct</u> , 19 <u>89</u> <u>William B. Jenks</u> Clerk of the <u>FLOYD</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
_____	
State of Indiana ) County of _____ ) ss: _____	
Signed _____	Father
Signed _____	Mother
Subscribed and sworn to before me this _____ day of _____, 19____	
_____ Clerk	

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We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
_____	
State of Indiana ) County of <u>Floyd</u> ) ss: _____	
Signed _____	Father
X Signed <u>Betty C. Smith</u>	Mother
Subscribed and sworn to before me this <u>2</u> day of <u>Oct</u> , 19 <u>89</u>	
<u>William B. Jenks</u> Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>FLOYD</u> County, Indiana, dated <u>10/2/89</u> , authorizing the marriage of <u>KENNETH EDWARD RODEWIG, JR.</u> and <u>DONNA JUNE ZINK</u> .	
I further certify that the following marriage certificate was filed in my office: I, <u>FREDIA RODEWIG</u> (name), certify that on <u>10/2/89</u> (date), at <u>NEW ALBANY</u> in <u>FLOYD</u> County, Indiana, <u>KENNETH EDWARD RODEWIG, JR.</u> of <u>FLOYD</u> County, <u>INDIANA</u> (state), and <u>DONNA JUNE ZINK</u> of <u>FLOYD</u> County, <u>INDIANA</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>FLOYD</u> County, Indiana, dated <u>10/2/89</u> Signed by: <u>FREDIA RODEWIG</u> PASTOR, (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>10/4/89</u> (date). Signed <u>WILLIAM B. JENKS</u> Clerk <u>FLOYD</u> Circuit Court	